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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

20

Application Number	10/790920-Conf. #1426
Filing Date	March 2, 2004
First Named Inventor	Albert A. VIERHEILIG
Art Unit	1754
Examiner Name	A. E. Hertzog

Attorney Docket Number 0113222.00150US2

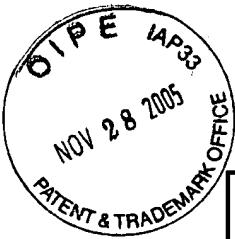
### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Replacement Sheet; Supplemental Application Data Sheet; Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Kristin Joslyn		
Date	November 28, 2005	Reg. No.	47,692

Express Mail Label No. EV 734136695 US Dated: November 28, 2005



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**FEE TRANSMITTAL**  
**For FY 2005**

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,430.00

**Complete If Known**

Application Number	10/790920-Conf. #1426
Filing Date	March 2, 2004
First Named Inventor	Albert A. VIERHEILIG
Examiner Name	A. E. Hertzog
Art Unit	1754
Attorney Docket No.	0113222.00150US2

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number:	08-0219	Deposit Account Name:	Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
32	- 32 = 0	x 25	= 0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
3	- 3 = 0	x 100	= 0	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	<u>Fees Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1454 Acceptance of an unintentionally delayed claim...  
2251 Extension for response within first month1,370.00  
60.00**SUBMITTED BY**

Signature	<i>Kristin Joslyn</i>	Registration No. (Attorney/Agent)	47,692	Telephone	(212) 230-8800
Name (Print/Type)	Kristin Joslyn	Date	November 28, 2005		

Express Mail Label No. EV 734136695 US Dated: November 28, 2005



Application No.: 10/790920

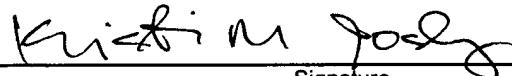
Attorney Docket No.: 0113222.00150US2

## Certificate of Express Mailing Under 37 CFR 1.10

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on November 28, 2005  
Date



Signature

Kristin Joslyn

Typed or printed name of person signing Certificate

47,692  
Registration Number, if applicable

(212) 230-8800  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal (1 page)  
Amendment (11 pages)  
Replacement Sheet (1 page)  
Petition for Acceptance of Unintentionally Delayed Claim for Priority  
Under 37 C.F.R. § 1.78(a)(2) Or (a)(5) (2 pages)  
Supplemental Application Data Sheet (3 pages)  
Charge \$1,430.00 to deposit account 08-0219  
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